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CONFIRMATION NO. 5531

SERIAL NUMBER 09/834,325	FILING DATE 04/13/2001 RULE	CLASS 348	GROUP ART UNIT 2853	ATTORNEY DOCKET NO. SDAC-P01-072	
APPLICANTS Craig S.K. Clapp, Boxford, MA; Gary Arthur Brown, Saugus, MA;					
** CONTINUING DATA ***** No Q.E.					
** FOREIGN APPLICATIONS ***** No Q.E.					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
ADDRESS 28120					
TITLE Modular video conferencing system					
FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1:18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 5531

SERIAL NUMBER 09/834,325	FILING OR 371(c) DATE 04/13/2001 RULE	CLASS 348	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. SDAC-P01-072	
APPLICANTS Craig S.K. Clapp, Boxford, MA; Gary Arthur Brown, Saugus, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/05/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
ADDRESS 29855					
TITLE Modular video conferencing system					
FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		